

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1298

FILED FEB 11 1942

State File No.

29

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town Kansas City
(c) Name of hospital or institution: 638 Spruce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Years
(Specify whether years, months or days)
In this community 23 Years

3. (a) PRINT FULLNAME Patrick Killday

3. (b) If veteran, No No name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ann Killday 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 7, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 27 If less than one day
hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

12. Name Michael Killday

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Anna O'Connor

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ann Killday

(b) Address 638 Spruce

17. (a) Burial (b) Date thereof Jan. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adair, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 1-4-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 638 Spruce
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 1
1941 to Jan 4 1942
that I last saw him alive on Jan 2 - 4
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration 3 mo

Due to 46 B.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B.
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles Nelson (M. D. or other)
Address 3626 Indip. ave Date signed 1-4-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. Blair Sheppard
4179

Licensed Embalmer No.

P. O. Address

K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.